

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33633**
Registrar's No. **8813**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8813	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 11 Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FIRMIN-DESLOGE				e. STREET ADDRESS (If rural, give location) 2970 4812 MARLIN			
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) FREDERICK c. (Last) HEYDERICH		4. DATE OF DEATH (Month) SEPT (Day) 17 (Year) 1957		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 23, 1906		9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY GENERAL Cable Co		11. BIRTHPLACE (City and State or Foreign Country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME CHARLES HEYDERICH		13b. MOTHER'S MAIDEN NAME BERTHA MELKE		14. NAME OF HUSBAND OR WIFE ELEANOR HEYDERICH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-10-8316		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WIFE Mrs. CARL HEYDERICH			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno carcinoma of stomach DUE TO (c) 1512 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of bladder				INTERVAL BETWEEN ONSET AND DEATH 11 mos.	
19a. DATE OF OPERATION 10/2/56		19b. MAJOR FINDINGS OF OPERATION Adenoca. of stomach, metastatic to liver				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 9-22- , 19 55 , to 9-17- , 19 57 , that I last saw the deceased alive on 9-17- , 19 57 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gerard J. Hinson, M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9-17-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20-57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 19 1957		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph C. Zander.....

Licensed Embalmer No...42735

P. O. Address...St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.